

REQUEST FOR CARE RECORD AND WAITING LIST AGREEMENT

TO PLACE YOUR CHILD(REN) ON THE WAITING LIST YOU MUST PAY A NON-REFUNDABLE
REGISTRATION FEE:

\$18.00 FOR ONE CHILD

\$36.00 FOR TWO CHILDREN

\$40.00 FOR THREE OR MORE CHILDREN

IF NO ONE IS PRESENT TO ACCEPT THE REGISTRATION FEE, IT IS YOUR RESPONSIBILITY
TO CALL WITHIN 24-HOURS TO ARRANGE A DATE AND TIME TO PAY THE FEE. IF AN
APPOINTMENT IS NOT MADE YOUR CHILD WILL NOT BE PLACED ON THE WAITING LIST.

PLEASE CALL TO ARRANGE YOUR APPOINTMENT:

CHILD & YOUTH SERVICES CENTRAL ENROLLMENT (301)619-7100.

IMPORTANT INFORMATION

PLEASE COMPLETE ALL REQUESTED INFORMATION IN ITS ENTIRITY BEFORE RETURNING
WAITING LIST FORM. ALSO A COPY OF YOUR AFFILIATION ID IS REQUIRED.

WAITING LIST AGREEMENT

I understand that it is my responsibility to update all information on the Request for Care Record if changes occur. Failure to update will result in the removal of my child's name from the Waiting List.

I understand that I must contact Central Enrollment (301)619-7100 a **MINIMUM** of once every (3) months to confirm interest in remaining on the Waiting List. Failure to confirm will result in the removal of my child's name from the Waiting List.

I understand that unborn children, children not located at Fort Detrick, and children whose parents are awaiting employment at Fort Detrick will be placed on a projected care waiting list. Failure to confirm will result in the removal of my child's name from the waiting list.

I understand that when offered a space I must accept or decline the available space within 24 hours. Failure to accept or decline will result in the removal of my child's name from the waiting list.

I understand that if I accept a space, I must complete the registration packet within 48 hours and schedule an appointment with Central Enrollment to return the packet and pay a deposit. Failure to complete the packet within this time frame will result in the loss of the space and my child will be removed from the waiting list.

I understand that if I accept a space, my child(ren) must begin the program within (2) weeks of accepting the space or I will be required to pay the applicable child care fees to maintain the space. Failure to begin within (2) weeks will result in the loss of the space and my child will be removed from the waiting list.

I AGREE TO ABIDE BY THESE CONDITIONS AND ALL REGULATIONS AND STANDARD
OPERATING PROCEDURES RELATING TO FORT DETRICK'S CHILD AND YOUTH SERVICES
WAITING LISTS AND REQUEST FOR CARE RECORDS.

Sponsor Name: _____ Rank/Grade: _____ DOD/NON-DOD
(circle one)

Duty Organization: _____ Social Security #: _____ Date: _____

Spouse Name: _____ Spouse Employer: _____ FT/PT
(circle one)